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PATENT, TRADEMARK
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FACSIMILE: (703) 684-1157

Date: April 20, 2009

Facsimile Number: 571-273-8300

To: Examiner M. Milia
Group Art Unit 2625, USPTO

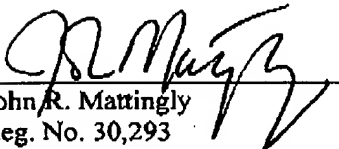
From: Mr. John R. Mattingly
MATTINGLY & MALUR, P.C.

Re: USSN 09/888,541
Attorney Docket No.: KYO-100

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;
Reply to Office Action;
Copy of Amendment After Decision by the Board of
Patent Appeals and Interferences; and
Copy of Certification of Facsimile Transmittal & Auto-Reply
Facsimile Transmission.


John R. Mattingly
Reg. No. 30,293

April 20, 2009
Date

Total Number of Pages (including cover sheet): 3

Form PTO-1083

Patent

In RE application of M. NAKAMAKI et al

Case Docket No. KYO-100

Serial No.: 09/888,541

Group Art Unit: 2825

For: PRINTER, PRINTER CONTROL METHOD, PROGRAM THEREFOR,
AND RECORDING MEDIUM STORING THE PROGRAM Examiner: M. MiliaRECEIVED
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY Rate	Additional Fee	OR	OTHER THAN A SMALL ENTITY Rate	Additional Fee
Total	Minus	**	X 25	\$		X 50	\$
Indep.	Minus	***	X 100	\$		X 200	\$
			X 180	\$		X 360	\$
			Total	\$	OR	Total	\$

☐ First presentation of Multiple Dependent Claims

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: 
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Attorney for Applicant(s)

Date: April 20, 2009